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FEC FORM 2

STATEMENT OF CANDIDACY

=											
1.	(a) Name of Candidate (in full)										
	HICE, JODY, , , (b) Address (number and street)		hook if addra	an ahangad		2 Candidat	o'o EEC Idont	ification	Numbor		
	PO BOX 586	☐ Check if address changed			Candidate's FEC Identification Number H0GA07125						
	(c) City, State, and ZIP Code					3. Is This	Nev		v	Amended	
	MONROE		G <i>A</i>	3065		Stateme	()	OR	x	(A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist		ate				
	REPUBLICAN PARTY	House			GA	10					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following na	med political co	mmittee as m	y Principal (Campaign Comr		2022 (year of electi		ion(s).		
	NOTE: This designation should be	iled with the ap	propriate offi	ce listed in th	ne instructions.						
	(a) Name of Committee (in full) JODY HICE FOR C	ONGRES	S								
	(b) Address (number and street) PO BOX 586										
	(c) City, State, and ZIP Code										
	MONROE				GA	30655					
	DE				THORIZED g Representativ		ΓEES				
8.	I hereby authorize the following nar candidacy.	ned committee,	which is NO	Γ my principa	al campaign con	nmittee, to rec	ceive and expe	end fund	s on bel	nalf of my	
	NOTE: This designation should be	iled with the pri	ncipal campa	ign committe	ee.						
	(a) Name of Committee (in full) FREEDOM PAC										
	(b) Address (number and street) 824 S MILLEDGE AVE STE 1	01									
	(c) City, State, and ZIP Code										
	ATHENS				GA	30605					
	I certify that I have exa	mined this Stat	tement and to	the best of	my knowledge a	and belief it is t	true, correct a	nd comp	lete.		
Sig	gnature of Candidate					Date					
HI	ICE, JODY, , ,			[Elect	ronically Filed]	11/19/202	20				
NC	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Statem	ent to penaltie	es of 2 U	.S.C. §4	37g.	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) HICE FREEDOM FUND									
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101									
	(c) City, State, and ZIP Code ATHENS GA 30605									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									